

Spring Valley Lake Association

(COMMITTEE ACTION ITEM REQUEST)

Committee Name: _____

Subject: _____

Committee Board Liaison: _____

Committee Staff Liaison: _____

Chairperson: _____

Members _____

Committee Vote _____ Aye _____ No _____ Abstained

The Committee hereby recommends to the Board of Directors:

Reason for the Recommended Action:

Fiscal Impact:

(Please use a separate form for each recommendation)

Respectfully submitted,

Committee Chairperson

Date

The Board of Directors will review your request at the next regular meeting of the Board and may schedule it for action at an upcoming meeting. Please provide any supporting documentation as an attachment to this submittal. It is necessary for the Chairman or representative of the committee to attend this meeting in the event the Board has questions about the Committee's request.

DO NOT WRITE BELOW THIS LINE

Date Received: _____ By: _____

Board Review Date: _____

___ Request denied by Board at this time because _____

Acknowledgment sent on _____ Committee Chair _____ Committee Liaison _____

OR

___ Item on Agenda for Board Meeting on _____

Board Decision: _____

Board Decision Letter Sent: _____ Committee Chair: _____ Committee Liaison: _____

File Closed on _____

Tracking Number _____

(Staff to attach all correspondence, agenda item and other relevant material to this request.)